

Foster Family Home - Corrective Action Report

Provider ID: 1-180013

Home Name: Imie Zaluaga, CNA

Review ID: 1-180013-3

3846 Noeau Street

Reviewer: David Ayling

Honolulu HI 96816

Begin Date: 12/11/2019


Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification requesting to increase to a 3 client CCFFH. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

12/11/19
Date

12/11/19
Date